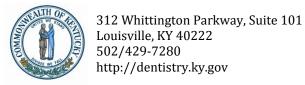
Fee	Date
Approved by	
Permit number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry



APPLICATION FOR GENERAL ANESTHESIA AND/OR CONSCIOUS SEDATION PERMIT

Please print in ink or type your responses. List your name as it appears on your license.

Section 1. Must be completed by ALL applicants. Last/Suffix First Middle License Number **Business address Business Name** Number & Street PO Boxes Not Acceptable City **KY County** Phone # Applying for ☐ Conscious/Enteral Sedation Permit ☐ General Anesthesia Permit A short resume showing evidence of your qualifications must accompany this application with a detailed listing of all dental, professional, and post-doctoral education supporting these qualifications, including dates attended with copies of supporting documents. Section 2. Applicants for a Conscious/Enteral Sedation Permit You must check one of the following and provide supporting documentation. You must also submit a copy of the front and back of your current basic life support (BLS) or cardiopulmonary resuscitation (CPR) card, and copies of current BLS or CPR cards for all staff assisting with conscious sedation with parenteral drugs. I have completed an approved course in conscious sedation with parenteral drugs in a program approved by the Kentucky Board of Dentistry. Include documentation of having treated 25 cases. Submit copies of anesthesia/conscious sedation records of 25 patients for which you had primary responsibility. Records should include patients' names, dates of procedures, procedures performed, anesthetic management, including drugs, doses, vital signs, and complications. I am a diplomate, am board eligible, or am eligible for board examination in any specialty, or I am a graduate of an accredited general practice residency. Provide proof of training in the use of conscious sedation with parenteral drugs. Section 3. Applicants for a General Anesthesia Permit You must check one of the following and provide supporting documentation. You must also submit a copy of the front and back of your current advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) card, and copies of current basic life support (BLS) or cardiopulmonary resuscitation (CPR) cards for all staff assisting with general anesthesia or deep sedation with parenteral drugs. I have completed one (1) year post-doctoral anesthetic training program as described in Part 2 of the ADA Guidelines for Teaching

Section 4. Affadavit. Must be completed by ALL applicants.

Notary public signature

the Comprehensive Control of Pain and Anxiety in Dentistry.

I hereby certify that the above facts are true and I agree to abide by the rules and regulations set by the Kentucky Board of Dentistry including any future amendments to said rules and regulations.

I am a diplomate of or am board eligible for the American Board of Oral and Maxillofacial Surgeons.

State of		Applicant's signature			
County of					
Subscribed and sworn to before me this	day of		, 20)	

My commission expires on

RETURN YOUR COMPLETED APPLICATION, NON-REFUNDABLE FEE, AND SUPPORTING DOCUMENTATIONS TO THE ADDRESS ABOVE.